

QuickFund\$

FINAL EVALUATION REPORT: Individual's Professional Development

Annual Commission Grant period July 1 to June 30 – Final Report due no later than July 31st

Name: _____

Address: _____ City: _____ State: _____ ZIP+4: _____

☐ Check if this is a new address? Organization: _____ Email: _____

Phone: _____ Cell: _____

Social Security Number or EIN Number (required for payment) _____

Grant Amount \$: _____ Grant Number: _____

1. Narrative evaluation of the grant (attach additional sheets as necessary)

1. Compare the actual accomplishments of the project to those proposed in the application.
2. Explain the impact of this grant to applicant/community/region and the challenges encountered.

2. Please submit copies of programs, publicity, and other printed materials.

Conference/Workshop/Seminar Title _____

Where held _____ Date(s) of attendance _____

3. Actual Expenses: Please submit legible receipts for fees, lodging,, and airfare and retain copies for three years

Indicate portion of expense allocated to ICA Grant funds

PROJECT EXPENSES	ICA Grant	Cash Match	Total
Fees (workshop/conference/seminar)	\$	\$	\$
Supplies and Materials (attach detail breakdown)	\$	\$	\$
Fees for Services and Other Expenses (attach detail breakdown)	\$	\$	\$
Travel and Subsistence (allowed for travel beyond a 25-mile radius):	\$	\$	\$
Airfare, or Mileage (\$.375 rate)	\$	\$	\$
Rental Car (if applicable)	\$	\$	\$
Lodging	\$	\$	\$
Other	\$	\$	\$
Total Expenses	\$	\$	\$

(1:1 cash match required)

Application Certification: "I certify that I have complied with the QuickFund\$ guidelines, that I have met the requirements, and that all of the information contained in this report is true and correct to the best of my knowledge."

Signature of Grantee

Date

FOR ICA Program Director Review _____
OFFICE
USE ONLY Agency Approval _____